

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/806,341
Filing Date	March 29, 2001
First Named Inventor	Edgar Bolin et al.
Patent No.	6,975,847
Confirmation No.	8536
Attorney Docket Number	12758-0023001

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 26161

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|-----------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input checked="" type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary

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Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number:
OR

B. ☒ Inventor or
Assignee name Qisda Corporation

Address 157 Shan-Ying Rd., Gueishan

City Taoyuan 333 State Zip Country Taiwan

Telephone 886-3-359-5000 Email Jackey.Hsieh@Qisda.com

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature /Paul Pysher/

Name Paul A. Pysher Registration No. 40,780

Address FISH & RICHARDSON, P.C., PO BOX 1022

City Minneapolis State MN Zip 55440 Country US

Date December 15, 2009 Telephone No. 617-542-5070

NOTE: **Withdrawal is effective when approved rather than when received.**